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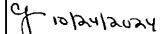
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer





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2024 (CC) -7 PN 5: 09



COVER LETTER

TO: Registration S Division of Co			
RIG VIZZ	ON AMERICAS LLC		
SUBJECT:			
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Daniel Kaltenbach		
		Name of Person	
	DK3 Compliance Business	Consulting LLC	
		Firm/Company	
	7035 Brescia Way		
		Address	
	Orlando, FL 32819		
	daniel@danielkaltenbach.co	City/State and Zip Code	
		to be used for future annual report notifi	(ation)
For further information of	concerning this matter, please c	•	canoni,
Daniel Kaltenbach	sincerning this matter, picase c	754 248.9671	
		at ()	
Name (f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of State Certified Copy (additional copy is enc
Mailing Address Registration		Street Address: Registration Sec	tion
Division of C		Registration Section Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	
Tallahassee,			Street, Suite 810

Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2824 CT [-7 P] 5: 09

(<u>Name of the Limited Liability Comp.</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on and a	ssigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	ulity Company," the designation "LLC" or the abbreviation	'L.L.C."
Enter new principal offices address, if applicable:	9100 Conroy Windermere Road, Suite 200	
Principal office address MUST BE A STREET ADDRESS)	Windermere, Fl. 34786	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	9100 Conroy Windermere Road, Suite 200 Windermere, FL 34786	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the n	ew regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	. Florida	
	, Florida City Zip Cod	e [,]

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
		<u> </u>		
			□ Петюче	
			□Change	
				
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			Remove	

____ □Change

Please also add EIN: 61-219621	9
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If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	ate of filing:
e record specifies a delayed effective ord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
September 19	2024
Dated	·
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	orized representative of the member Rig Vizzion Televisores Ltda)
ALDRESCA DA	C FATIMA ZANCTE

Filing Fee: \$25.00